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APPLICANTS

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** CONTINUING DATA ***** *IT none*

** FOREIGN APPLICATIONS ***** *IT none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/27/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY UT	SHEETS DRAWING 6	TOTAL CLAIMS 21	INDEPENDEN CLAIMS 2
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TITLE
 Surgical kit with multiple planar recess surfaces

FILING FEE RECEIVED 888	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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